



Brent

Clinical Commissioning Group

**Brent Clinical Commissioning Group CCG
Safeguarding Children Annual Report 2015 – 2016**

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Brent Clinical Commissioning Group CCG Safeguarding Children Annual Report 2015 – 2016		
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1. INTRODUCTION:

This is the third annual report for Brent Clinical Commissioning Group CCG.¹

It covers the financial year March 2015 to April 2016.

Brent CCG is an NHS employer of staff and is also a commissioner of health services for Brent children.

It is required to comply with the safeguarding requirements as set out in section 11 of the Children Act 2004.

2. PURPOSE OF THE REPORT:

The report is to provide the Brent CCG governing body and our partner agencies with an overview of safeguarding children across the health economy and how we work with partner agencies and children and families.

It is to provide assurance that Brent CCG has discharged its statutory duty to safeguard the wellbeing of children and young people in the services commissioned for Brent population.

The report identifies areas for improvement and safeguarding children priorities and objectives for 2016-2017.

3. CHILDREN AND YOUNG PEOPLE IN BRENT- KEY STATISTICS:

(Brent Ofsted Report November 2015)

Brent is the most densely populated outer London borough with a population of 317,264

Approximately 70,000 children and young people under the age of 18 years live in Brent. This is 23% of the total population in the area.

Approximately 29% of the local authority's children are living in poverty.

The proportion of children entitled to free school meals:

-in primary schools is 16% (the national average is 16%)

-in secondary schools is 14% (the national average is 14%)

Children and young people from minority ethnic groups' account for 75% of all children living in the area compared with 22% in the country as a whole.

The largest minority ethnic groups of children and young people in the area are Asian/Asian British and Black African.

The proportion of children and young people with English as an additional language:

-in primary schools is 68% (the national average is 19%).

-in secondary schools is 57% (the national average is 15%).

¹ The CCGs came into existence in March 2013 following the Health and Social Care Act 2012 and superseded the PCTs

(Brent Joint Strategic Needs Assessment Highlight Summary Report, Winter 2014/15- NHS Brent CCG and London Borough of Brent.)

Children living in poverty (aged under 16), 2012- 24%

Percentage of live and still birth babies weighing less than 2,500g, i.e. a low birth weight, 2012-3,6% (England average 2,9%)

The number of road casualties among children and young people in Brent aged under 16 during 2009-13 was 411.

Young people aged under 18 years who were admitted to hospital as a result of a condition wholly related to alcohol (e.g. alcohol overdose) in 2011/12 - 2013/14 was 16.8 per 100,000. (England average rate, 40.1 per 100,000)

Rising levels of obesity – 11% of under 5s and 24% of 12 year olds are obese.

Number of first time entrants to the youth justice system, 2012- 210

Hospital admissions for mental health conditions (0 to 17 years), 2012/13- 45

Number of hospital admissions as a result of self-harm (10 to 24 years old), 2012/13- 65

Number of children killed or seriously injured in road traffic accidents, 2010 to 2012- 8
A&E attendances (0 to 4 years), 2011/12-23,082

Average number of looked after children being seen by Brent Child and Adolescent Mental Health Service (CAMHS), between April and June 2013- 93-74 (as per report)

Brent Safeguarding Children's Board's priorities for 2015 – 6

- Working together across agencies
- Child sexual exploitation
- Violence against women and girls (and boys).
- Prevent radicalisation.

The Brent LSCB priorities for 2015-2016 are reflected in Brent CCG work

For the period of 2015-2016 Brent Local Authority:

- Conducted 712 'section 47' investigations.
- Convened 282 case conferences.

All cases were discussed with police at the Multiagency Safeguarding Children Hub and 67% strategy discussions included a health professional.

Brent children names subject to Child Protection Plan – 31/03/2016 (Figures are from Brent Local Authority)	
Category of abuse	
Emotional abuse	113
Neglect	66
Physical Abuse	12
Sexual abuse	7
Total	198

4. LEGISLATION, POLICY AND GUIDANCE DOCUMENTS:

The Department for Education is responsible for child protection in England. It sets out policy, legislation and statutory guidance on how the child protection system should work.

<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/england/legislation-policy-guidance/>

Key legislation is the Children Act 1989, (revised in) 2004 and United Nations Convention of the Rights of the Child 1989.

Mandatory reporting by all health professionals (as well as education staff and police) in all girls under 18 years of age who have had FGM, has been in place since October 2015 as per the Serious Crime Act 2015.

<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>

Key policy and guidance documents for health are:

- Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework June 2015
- Managing Safeguarding Allegations against staff policy and procedure
 - NHS Commissioning Board Updated June 2015 Version 2
- Safeguarding Alerts Policy and Procedure
 - NHS Commissioning Board Updated June 2015 Version 2
- Safeguarding Policy Version 2 - NHS Commissioning Board Updated June 2015

Other policies are:

- A guide to inter-agency working together to safeguard and promote the welfare of children 2010, 2013, 2015.
- NICE Guidelines [CG89] Child maltreatment: when to suspect maltreatment in under 18s. Published date: July 2009.
- Safeguarding children and young people: roles and competencies for health care staff intercollegiate document 2014.
- London Safeguarding Children Board policies- Updated 31st March 2016
- NICE Guidance Domestic Abuse 29 February 2016

5. ACHIEVEMENTS IN SAFEGUARDING CHILDREN 2015-2016:

- Safeguarding children is included in Brent CCG priorities.
- The safeguarding children leadership has remained stable with a fully established team of Designated Professionals and also a named nurse safeguarding children primary care.
- There were no new serious case reviews or domestic homicide reviews during the period of this report. A previous domestic homicide review with a

safeguarding children element was completed by Brent Community Safety partnership and published in September 2015.

- The Brent CCG Safeguarding Children policy was updated and ratified in January 2016
- An external audit was commissioned by the CCG across Brent, Harrow and Hillingdon of safeguarding children and adult arrangements.
- Brent Safeguarding Children was part of the NHS England deep dive audit of safeguarding across London CCGs.
- The Brent Local Authority and Local Safeguarding Children Board were inspected by Ofsted in September 2015. The health economy contributed to this inspection as part of partnership working.

The achievements in Brent CCG in 2015-2016 demonstrate the continuing work that is done to achieve compliance with section 11 standards in safeguarding children.

6. ABBREVIATIONS USED

CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CLA	Children Looked After or Looked After Children (LAC)
CLCH	Central London Community Healthcare NHS Trust
CNWL	Central and North West London Foundation NHS Trust
CMH	Central Middlesex Hospital
CSB	Community Services Brent
CSE	Child Sexual Exploitation
CMH	Central Middlesex Hospital
DD	Designated Doctor
DN	Designated Nurse
DHR	Domestic Homicide Review
FGM	Female Genital Mutilation
ICO	Integrated Care Organisation
LNWH Trust	London North West Healthcare Trust
LSCB	Local Safeguarding Children Board
MARAC	Multi-Agency Risk Assessment Conference
MAPPA	Multi-Agency Public Protection Arrangements
MASH	Multi- Agency Safeguarding Hub
NN	Named Nurse
NWLH	North West London Hospitals NHS Trust
SCR	Serious Case Review
SECG	Brent Safeguarding Children and Executive CLA Group
SLA	Service Level Agreement

7. SERVICES COMMISSIONED FOR BRENT POPULATION.

The health services commissioned and provided for Brent children and families are from a variety of organisations with continuous changes as per the Health and Social Care Act 2012. Safeguarding children goes beyond services commissioned by the CCG.

The varied commissioning arrangements across the health economy requires that all providers are individually engaged with safeguarding through KPIs in contracts, their performance review and safeguarding children leadership.

Services Commissioned by Brent CCG

- Community Services Brent (CSB) part of LNWH Trust – Community Paediatrics, therapists, community nurses, child protection/safeguarding children.
- Maternity, children's services from- Northwick Park Hospital NPH (part of LNWH NHS Trust), Imperial College Healthcare NHS Trust, Royal Free Hospital, Chelsea and Westminster Hospital NHS Foundation Trust.
- Accident and Emergency services from- NPH (part of LNWH Trust), St Mary's Hospital (part of Imperial College Healthcare Trust), Royal Free Hospital NHS Trust
- Urgent Care Centre- 'front of house' services are at Central Middlesex Hospital (CMH) from Care UK. CMH Accident and Emergency closed in September 2014.
- Walk in Centre- GP Harness Wembley walk- in centre.
- Mental health Services- include Central & North West London Foundation Trust (CNWL), Brent Centre for Young People and West London Mental Health Trust and others
- In October 2014 there was the merger of the North West London Hospital Trust and Ealing Hospital Trust Integrated Care Organisation ICO to form the London North West Healthcare Trust (LNWH Trust).
- Brent CCG is the lead commissioner for the acute contract London North West Healthcare (LNWH) Trust, in conjunction with Harrow and Ealing CCGs.
- The LNWHC Trust (the local Acute Trust) provides the following at NPH: maternity services, Accident and Emergency, paediatric inpatient ward, paediatric outpatient clinics; CMH provides surgery and outpatients
- GP booked appointments in evenings and weekends in 5 localities provided by a lead practice as part of GP hubs.
- Primary care including GPs, are commissioned by NHS England, and are quality assured and co-commissioned by Brent CCG.

NHS England commissioned services

- Specialist Services: Great Ormond Street Hospital, Royal Brompton Hospital Trust and other specialist services
- Health visiting under subcontract to CSB

- Immunisations - GP practices and school immunisations - CNWL.
- Independent contractors including GP services, dental and optometry services
- Specialised services including offender health care covering prisons (provided by Care UK) and Sexual Assault Referral Centres SARCs.

Public Health in the Local Authority – commission services for

- Drugs and alcohol rehabilitation
- School Nursing under a Service Level Agreement (SLA) to CLCH
- Family Nurse Partnership- integrated commissioning for young mothers under 20 years old and their babies under CSB.

NHS England public health

- Commission some maternity services including neonatal screening.

8. CHANGES IN BRENT 2015-2016:

- GP co-commissioning commenced in April 2015
- School nursing in mainstream schools and special needs schools was transferred to CLCH from 01/04/2015
- Immunisations for school aged children were transferred to CNWLH - since 01/10/2015
- Breast feeding services were decommissioned since 01/10/2015 – there is a Breast Feeding co-ordinator commissioned by Public Health
- Health visiting services – are commissioned by Public Health, but still delivered by CSB part of LNWH Trust
- In October 2014 there was the merger of the North West London Hospital Trust and Ealing Hospital Trust Integrated Care Organisation to form the London North West Healthcare Trust (LNWH Trust). The newly formed large Trust has its headquarters at Northwick Park Hospital, sited in Brent.
- Change in electronic patient record system: Brent Community Services changed in October 2015 from 'RiO' to 'SystemOne'.
- Paediatric continence services review began.

Recognition and managing continuous change in the NHS is a challenge to all to ensure that safeguarding is prioritised and any risks are pro-actively managed, jointly by commissioners and providers.

Northwick Park Hospital, part of the large LNWH Trust, is a Brent hospital and provides diverse services. With the merger, Brent CCG continues to seek assurance that Brent children are adequately safeguarded in the Trust.

9. SECTION 11 CHILDREN ACT STANDARDS:

Governance and Accountability

- Safeguarding children is within the portfolios of the Chief Officer (CO) and the Chief Operating Officer (COO).
- The Executive Lead for Safeguarding Children and Children Looked After is Sarah Mansuralli, the Chief Operating Officer (COO).
- The Senior Reviewing Officer for safeguarding children is the Assistant Director of the CCG - Isha Coombes until 31/12/2015 and then Duncan Ambrose.
- The Clinical Director for Women and Children, Dr Sarah Basham, is also the Brent CCG Governing Body representative on the Brent Local Safeguarding Children Board (LSCB).
- The Director for Quality, Safety and Risk, is the professional lead for the Designated Professionals for both Safeguarding Children and Children Looked After across Brent Harrow and Hillingdon. The Designated Doctor for Safeguarding Children, as a consultant paediatrician is linked to the required professional framework by a Service Level Agreement with the local provider organisation.
- The clinical leadership and expertise is provided by the Designated Professionals for safeguarding Children: Pauline Fletcher Designated Nurse (full time) and Dr Arlene Boroda- Designated Doctor for Safeguarding Children and Unexpected Child Deaths (0,6PA).
- GPs are supported in their roles by the Designated Professionals for Safeguarding Children and the named nurse primary care Jane Bennie, (in post since May 2014).
- The Brent Safeguarding Children and Executive CLA Group (SECG) meetings occur 6 weekly, are summarised and provide an overview of the work stream in Brent.
- The Brent Health Group merged with Harrow to form the Brent and Harrow Health Group as the two CCGs share common providers, to rationalise time and share learning. This forum is co-chaired by the Designated Nurses and is attended by health leads across providers.
- The Brent Provider Assurance meetings are held quarterly.
- The CCG Chief Operating Officer and the Director of Quality for BHH meet regularly with the independent chair of the LSCB.

Supervision:

- Designated Professionals for Safeguarding Children have bi-monthly catch-up meetings with the Assistant Director for Brent CCG.
- Designated Doctor hosts a peer review meeting 'Camden in West Group' that is held bimonthly for safeguarding doctors across the North West Sector.
- Designated Professionals attend the NHS England Group meeting held quarterly for DPs
- The Designated Doctor provides regular individual supervision to named doctors across Brent providers.
- Designated Professionals are consulted on a case-case basis.

- The Designated Professionals for safeguarding children, looked after children and adults across Brent Harrow Hillingdon meet bi-monthly with the Director of Quality and Safety to discuss areas of concern and to agree areas for development across the three CCGs.
- Providers' safeguarding children supervision children arrangements and levels are monitored as part of the contracts processes.
- The Designated Nurse for safeguarding children supervised the named nurses.

Brent Safeguarding Children Policies:

- The Brent CCG Safeguarding Children Commissioning Organisation Policy and Procedure was ratified² by the Brent CCG Governing Body on 13/01/2016. The policy includes the latest SG children priorities. It is now on the Brent CCG website.
- A Brent LSCB multi-agency policy on paediatric assessments was agreed in January 2016 and is available on the Brent LSCB website.
- The London Safeguarding Board Polices were adopted by Brent. Additional local polices were written locally for domestic abuse, FGM and PREVENT.
- Safeguarding Children Policies of Brent health providers are reviewed by the Designated Professionals for Safeguarding Children as part of their supervisory and supportive roles.
- These policies are also reviewed by the multi-agency forum of the LSCB policy and procedures group.

Safety and recruitment:

- DBS checks are carried out for all CCG staff that have contact with children. The CCG Designated Officer is Maggie Gibbs, Director of HR.
- All allegations against a member of staff involving a child are managed in line with the CCG Disciplinary Policy.
- Providers' safety and recruitment compliance are monitored as part of the contracts processes.
- The Designated Nurse for Safeguarding children has been advising the LADO in a case of allegations against professionals processes led by the LSCB involving health staff.

The Brent CCG section 11 standards are being met in the following:

- ***Executive leadership***
- ***Governance and Accountability***
- ***Supervision of staff***
- ***Safeguarding Children Policies***
- ***Safety and recruitment.***
- ***Information sharing***

² Version 10 was approved at the SEG on 11/11/2015, approved at Brent CCG quality meeting on 16/12/2015

Areas for improvement are the need to engage user views and safeguarding in new services in Brent.

Safeguarding Children Training:

Brent CCG as part of Brent Harrow and Hillingdon BHH Federation has approved a mandatory training strategy in May 2015 which includes safeguarding children training levels required by CCG staff. The levels of training are now logged on the ESR that is kept by HR. As part of their induction to the CCG new starters receive a Safeguarding children leaflet giving basic information and key contacts on the CCG.

The Designated Professionals and the Named Nurse Primary Care are compliant with their SG training requirements³. The Safeguarding Children professionals' training included attendance at NHSE safeguarding children summit (December 2015), London Councils study day on Prevent (March 2016), NHSE Workshop on the Myles Bradbury case and the Goddard Inquiry (March 2016).

Safeguarding children training levels are monitored in providers as part of the contracts processes. Table 1:

Safeguarding Children Training Levels across health providers in Brent												
	Level 1				Level 2				Level 3			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Acute Trust- Women and Children	83.95	70.00	75.00	--	30.30	68.57	76.92	64.44	56.29	62.41	78.27	78.22
Brent Community Services	97.73	97.87	97.78		77.32	74.44	80.38	85.5	82.09	83.33	91.53	91.20
Care UK	100%				100%				100%			
CNWL- Brent CAMHS	88%				93%				-			
CLCH- school nursing	80%				93%				86%			

Safeguarding children training levels in health providers are monitored as part of the contracts processes.

LNWH Trust has produced an action plan to meet the minimum training levels required by CQC of 80%.

Safeguarding Children Training delivered by Brent CCG 2015-2016

The CCG Safeguarding Children Team has continued to develop and deliver levels 1- 3 safeguarding children training according to Safeguarding children and young people: roles and competencies for health care staff intercollegiate document 2014. Staff groups who have received training from the CCG have included:

³ Safeguarding Children and Young People; roles and competencies for health care staff Intercollegiate Document. March 2014.

- General practitioners
- GP practice nurses
- GP administration/reception staff
- GP trainees
- Brent CCG continuing health care staff
- CSE health leads/champions from Brent health providers.

A total of 413 staff was trained in 18 sessions. Table 2.

Safeguarding Children Training Delivered in Brent CCG 2015-2016			
Level 2 Training		Level 3 Training	
Date	Numbers	Date	Numbers
05/05/2015	39	23/04/2015	44
02/07/2015	12	08/07/2015	24
06/07/2015	32	24/09/2015	26
08/09/2015	39	14/10/2015	31
12/10/2015	22	04/11/2015	20
19/10/2015	7	11/01/2016	10
07/12/2015	12	10/03/2016	10
18/04/2016	7	07/04/2016	18
		08/04/2016	33
		15/04/2016	27
Totals	170	Totals	243

Baseline staff numbers of primary care staff levels to be established by the CCG in 2016-2017 to enable percentages to be calculated and training needs identified and gaps met.

Brent CCG is reviewing its own recording and monitoring of safeguarding children training to meet the minimum standards required.

Training has covered a number of topics including child sexual exploitation, domestic abuse, female genital mutilation and learning lessons from serious case reviews and domestic homicide reviews. These are in line with national and LSCB priorities.

Information sharing

There is an information sharing agreement for all providers in Brent that was agreed in preparation for the launch of the Brent MASH in July 2013. (Brent LSCB website: <http://www.brentlscb.org.uk> – information sharing).

Specific Information sharing agreements are in place for Multi-agency Sexual Exploitation (MASE) Panel, Multi-agency risk assessment conference MARAC and Multi-agency Public Protection Arrangements (MAPPA).

There is information sharing guidance protocol for GPs (on the Brent CCG website).

Child Protection – Information Sharing project

A government information sharing project CP-IS will improve the way that health and social care services work together across England to protect vulnerable children. This is to be implemented in Brent to link databases across health and social care.

Brent CCG is required to co-ordinate the implementation of health providers and CP-IS to completion in 2016-2017

10 PARTNERSHIP WORKING:

10.1 Brent Local Safeguarding Children Board:

- The health economy, including Brent CCG, contributes financially (£45 900.00 and CDOP funding) and by professional time and commitment to the work of the Brent LSCB.
- Health representatives chair Brent LSCB subgroups: Child Death Overview Panel, Monitoring and Evaluation and Policies and Procedures group.
- Health representatives attend all the subgroups and participate in the LSCB work: audit, training and development work. (See table 4).

10.2 Ofsted Inspection September 2015:

In September 2015 Brent Local Authority received an unannounced Ofsted Inspection of the services for children in need of help and protection, looked after children and care leavers, the Corporate Parenting Committee and LSCB.

http://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/brent/053_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf

The Designated Professionals for Safeguarding Children and the Children Looked After health leads contributed to the Inspection as individual interviews or as part of group interviews.

Their overall conclusion was that Brent 'requires improvement' which was in line with the LSCB's own self-assessment.

The inspectors also highlighted strengths in social care services:

- increasing use and impact of Signs of Safety on outcomes for children and young people
- improvements in Children With Disabilities and Transitions
- very strong adoption work
- a transformed partnership with schools
- well-integrated early help
- high standards of health reviews of looked after children
- improved work around Child Sexual Exploitation and Prevent.

- The local authority has a range of assessment tools to assess risk such as domestic violence or risk of sexual exploitation
- The Brent Family Front Door (BFFD) and the multi-agency safeguarding hub (MASH): is effective in identifying, assessing and responding to children and young people at risk. The robust prioritisation of referrals ensures that children who are most at risk receive a timely and appropriate response. Accordingly, children and young people are protected well.
- Partner agencies understand the thresholds within the borough and this leads to appropriate and timely referrals.
- Brent is implementing the Signs of Safety⁴ 'SoS' approach as part of the government's 'Innovations programme'. Where this approach is used, improved information gathering is leading to a better quality of assessments and engagement with children and families

10.3 Multi-agency meetings

Case conferences:

Health Visitors and School Nurses attend case conferences for children. Their attendance is a key performance indicator in their contract. Reports are on a template of the 'SoS' model, thereby engaging young people.

The Designated Doctor and clinicians attend specific case conferences if required. Community services Brent audited their health visitors' reports and found:

In 100% the risks concerned were identified

In 90% factors that propose significant harm were considered

However, in 90% reports were not shared with parents and in 50% reports were shared with child/young person –

Case conference reports should be shared with parents and young people before a meeting.

Table 3

Attendance of health visitors and school nurses at Case Conferences 2015-2016				
	Q1	Q2	Q3	Q4
Health visitors	97%	97%	99%	95%
School nurses	98 attended = 100%	82 attended = 100%	99 attended = 100%	87 attended = 100%

⁴ Signs of Safety framework was originally prepared by Andrew Turnell and Steve Edwards in the 1990s in Australia

10.4 Further multi-agency panels:

MARAC, MAPPA, MASE meetings include representation from health providers. This includes attendance from – health visitors, school nursing, child and adolescent mental health and midwifery, as appropriate.

MASE panels have representation from community sexual health provider, CAMHS and the Children Looked After health team. The acute Trust is yet to link with this process in Brent.

Multi-agency working across agencies is a priority in Brent CCG and the health economy. LNWH Trust need to link with Brent MASE.

10.5 Brent Child Death Overview Panel CDOP:

The CDOP is a subgroup of Brent LSCB as set out in Regulation 6 (SI No 2006/90) of the Children Act 2004 in Chapter 5 of the Working Together to Safeguard Children 2015.

Brent CCG hosts the Brent CDOP office for the LSCB and co-ordinates the rapid response meetings and the panel meetings.

The CDOP annual report for 2015-2016 report was agreed at the LSCB Board in June 2016.

In 2015-2016 there were a total of 23 deaths reported in Brent, 13 expected and 10 unexpected. Eight were neonatal deaths. During this financial year, 16 deaths were reviewed, 10 expected and 6 unexpected. Criminal investigations for a few unexpected child deaths are pending.

NHS Significant incident reviews are reviewed by Designated Professionals for safeguarding children, thereby linking the processes for improved learning.

A recommendation from Brent CDOP is endorsed by Brent CCG:

Universal health services should disseminate information to parents and carers to prevent SUDIs by promoting safe sleeping in under 6 month olds.

11. QUALITY ASSURANCE

Audits:

A. Multi-agency audits steered by the Brent LSCB Quality and Audit group have the health element collated by the Designated Professionals for Safeguarding Children.

Audits completed included the health records across providers in cases of cases.

- Child sexual exploitation
- Pre-birth assessments
- Children missing from education- repeat audit

B. Baker Tilly (RSM Audit) audited SG processes across BHH in September 2015 and reported in December 2015. Areas for improvement are that

- Brent CCG should implement a safeguarding children supervision structure
- BHH meetings should include learning lessons from SCR and DHRs

C. CCG Safeguarding Children Audits:

- GP input into case conferences- Nov 2015 (reported Jan 2016), repeated Feb 2016 (reported March 2016)- showed that not all invites are going to the correct GPs and GPs are not all sending reports to the interagency meetings
- ‘Information Sharing’ audit of dissemination of lists of vulnerable children -
The audit showed that lists are sent securely across providers to a generic e-mail and a second e-mail address, provider IT systems are updated weekly and acted upon if vulnerable children attend the service.
- Oversight of provider section 11 audits –
Community Services Brent – part of LNWH Trust
Mental health
Acute Trust-maternity, A+E, paediatrics
Harness GP walk in centre
Care UK Urgent Treatment Centre

- **LCSB subgroup attendance by health providers:** Table 4

	CCG	LNWHC	CNWL	Care UK	Public Health
Board	DP	DON	AD		DPH
	5/5	4/5	5/5	0/1	5/5
SCR	DP	NN /DDON	AD	-	-
	4/4	2/4	4/4		
Monitoring and Evaluation	DP	Manager	Adviser	-	-
	5/5*	4/5	3/5		
Policies	NN	ND	AD	NN	-
	4/4	2/4	2/2 *	2/2	
Training	NN	NM	Adviser	-	Adviser
	4/4	2/4	2/4		4/4
Performance	NN	nil	-	-	-
	3/4				
Child Sexual Exploitation	DP	Nil	Sex health	-	Adviser
	4/5		2/5		5/5
CDOP	DP	Midwife	-	-	DPH
	3/3	3/3			3/3*

LNWH Trust needs engage with Brent LSCB including attending the subgroups.

- **NHS England Deep Dive Audit – November 2015:**

Governance /Systems/ Processes - Overall Outcome: Assured as Good
Workforce - Overall Outcome - Limited Assurance
Capacity levels in CCG - Overall Outcome: Assured as Good
Assurance Overall Outcome - Limited Assurance
An action plan across Brent, Harrow and Hillingdon is being completed.

D. Multi-agency Safeguarding Children Hub MASH:

The Brent MASH was established in July 2013. There are two health professionals based in the MASH. Their role is to source information for the MASH including information from primary care (GPs) to assist in the multi-agency decision making process for referrals into social care. They make a note on the community health record that a case has been processed by the MASH and feedback the decision from the initial contact to the provider of information.

There are monthly multi-agency audit meetings of cases in the MASH. These audits were a recommendation from a multi-agency review of the BFFD In November 2014 that included an audit of 72 MASH cases.

An audit report in 2015 on the MASH looked at 27 cases over a period of six months (March 2015 - September 2015, excluding August). These audit meetings include representation by the police, social care and health: the MASH health professionals and Brent CCG.

The findings of the multi-agency audit are:

Thresholds were agreed in 89% of cases,

Feedback was given to referrer and information providers in 52 % cases,

Progression within agreed MASH timescales 59% cases,

MASH discussion added value in 89% cases,

Quality of other agencies contribution was good in 70% cases,

Child was safeguarded in 93% cases.

Cases audited were a variety outcomes: No further action 18,5%, green 30%, amber 33%, red 18,5%

Views of the participants in the MASH audit are that the audit process:

Multi-agency working and oversight of different cases, provides multi-agency perspective, improves understanding on how to make a referral and insight into thresholds, insight into how decisions made, reflection for managers on decision making, insight into MASH processes and views of risk, impact of MASH on child-should always gain views of child at the outset, venue to share specialist knowledge and expertise.

Section 11 audits:

- CSB section 11 audit and challenge meeting was held jointly with Harrow LSCB/Harrow CCG in February 2016. Areas for improvement are their engagement with Brent LSCB subgroups which is linked to capacity of the named professionals for SG children
- CNWL section 11 audit and challenge meeting was held jointly with Harrow LSCB/Harrow CCG in December 2016.

- LNWH acute Trust audit section 11 audit template was submitted to Brent CCG in February 2016. An audit and challenge meeting is to be scheduled jointly with Harrow.
- Harness GP Walk-in Centre – submitted

Provider Quality Assurance meetings were convened quarterly by the CCG, chaired by the SRO/GP CCG lead for SG children:

Invitees are the following:

CNWLH NHS Trust	mental health CAMHS
Public Health- Brent Local Authority	health visiting
CLCH NHS Trust	school nursing
Care UK	Urgent Treatment Centre at CMH
Harness	Wembley GP Walk in Centre

This forum tracks progress of action plans from Inspections, SCRs and DHRs. Priorities reviewed including FGM commissioning

Contract meetings:

LNWH Trust links with the CCG via the Clinical Quality Group (CQG) meetings.

The Trust produces quarterly updates in SG children which were reviewed by the DPs and comments fed back to the Trust

The LNWH Trust SG Children steering group meetings papers are circulated to the DPs for review and comment.

12. WORK STREAMS on the national and local priorities.

12.1 Child Sexual Exploitation CSE:

Representatives from across the health economy attend the strategic LSCB CSE subgroup. This group endorsed the LSCB CSE strategy and the Brent CSE toolkit.

The multi-agency LSCB CSE audit showed areas for improvement are the need to

- flag CSE cases in providers
- evidence the use of the toolkit/checklist
- increase referrals into social care
- include LNWH Trust genito- urinary GUM department at the MASE panels.

In line with CSE good practice guidance for professionals each of the Brent health providers was asked to appoint a Lead for CSE within their organisation. The CSE Lead role includes being a point of reference for staff to contact for consultation regarding CSE issues/concerns and to support the use of the Brent LSCB CSE screening tool.

The Named and Designated Nurses worked with the London Borough of Brent's Health Improvement Specialist to develop and deliver a full day's training to enable the 10 nominated individuals to undertake their CSE Lead role within their respective organisations.

The CCG also supported the LSCB road show held on 07/07/2015 and the LSCB CSE awareness day on 18/03/2016. Both events involved manning a stall within the Brent Civic Centre whilst raising awareness with passers-by including members of the public and fellow multi-agency partners.

12.2 Female Genital Mutilation:

The rate of FGM across England and Wales is 0.48%. Prevalence rates of FGM varied considerably by region, with London having by far the highest prevalence at 21.0 per 1,000 population. Brent has the second highest rates in London of 38.9 per 1,000 in Brent.

(study by City University London and Equality Now: Prevalence of Female Genital Mutilation in England and Wales: National and local estimates, published in July 2015, ISBN 978-1-900804-93-6)

A paper on FGM was presented to the Brent CCG provider assurance meeting on 29/09/2015. An area for development is mental health support for children and women who have had or are at risk of FGM and has been included in the CAMHS Development bid.

Mandatory reporting by all health professionals in all girls under 18 subject to FGM is in place since October 2015 as per the Serious Crime Act 2015. Awareness raising of this requirement has been promoted over the last year by all safeguarding children leads.

This is in addition to reporting of data from acute hospital providers in England that commenced in September 2014 of women who have been previously identified and are currently being treated (for FGM related or non FGM related conditions as at the end of the month) and newly identified women. Brent has been the second highest reporter of cases. (Reference – HSIC, <http://content.digital.nhs.uk/fgm>)

A number of resources for managing FGM made available by the Department of Health (DH) have been cascaded to all GP practices via the Locality Leads over the past year. These have included:

- Free training event
- E-Learning for health modules
- Package of resources including posters and patient leaflets
- Read coding guidance for EmisWeb

An LSCB multi-agency audit on FGM cases showed links were made with GPs by cases seen for paediatric assessments but not by social care.

Child sexual exploitation and violence against women and girls eradication remains part of core safeguarding business in Brent CCG.

Specialist African Well Women Clinic:

Brent has a cultural and ethnic population that suggests large numbers of women are at risk of FGM. The London North West Healthcare NHS Trust (LNWH) has an African Well Women Clinic (AWWC), a service which is available to all women affected by FGM.

The service is led by an obstetrician/gynaecologist, a senior midwife/lead for Public Health and specialist midwives. The ante natal clinics at Central Middlesex (CMH) and Northwick Park Hospital (NPH) run weekly AWWCs specifically for women affected by FGM.

All midwives must ask and discuss FGM at the initial booking consultation. All women identified as having had FGM, regardless of any repair which is reported, must be referred to the FGM specialist midwife for further discussion of legislation, assessment, plan of care and referral to the multidisciplinary agencies if required.

A paper on this AWWC service was presented at the Brent LSCB in January 2016. This informed the Board that approximately 50 patients are seen a year offering a culturally sensitive service that is accessible to Brent women.

The African well-woman clinic at NPH and CMH was highlighted as good practice in the CQC Children Looked After and Safeguarding reports in June 2014. The Brent CCG and LSCB continue to promote this area of excellence.

13. SERIOUS CASE REVIEWS AND INCIDENTS

Serious cases involving safeguarding children are escalated within the health economy and across the partnership. Children with significant injuries due to NAI were escalated by social care for DDs opinion: cases include unexpected child deaths, shaken baby, baby with multiple fractures, and a toddler with an adult bite.

14. PRIMARY CARE:

Brent has a total of 66 GP member practices which are separated into 4 locality area networks:

- Kingsbury and Willesden – 23 member practices
- Harness – 21 Member practices
- Wembley – 10 member practices
- Kilburn - 12 member practices

As well as the requirement for individual GP practices to register with CQC, each locality network will also seek to be CQC registered. To date Harness and Kilburn networks have successfully completed this process.

A GP improvement plan was set up in the wake of the CQC review of health services for children looked after and safeguarding in June 2014. The Named Nurse Safeguarding Children Primary Care and the DPs for SG children have continued to support Brent GPs and their practice staff to improve and maintain the quality of their safeguarding children arrangements:

GP Quality Improvement Framework –this has been shared with all GPs at each of the four Locality meetings in February 2016. The accompanying self-audit tool is intended to support each safeguarding children lead GP to be able demonstrate compliance with minimum standards as set out in Section 11 of the Children Act 2004.

A short paragraph regarding the framework along with the links for accessing it via the Brent CCG website have been included within the April 2016 GP newsletter.

GP Outreach – the Named Nurse Primary Care continues to visit individual GP practices to meet with the Safeguarding Children Leads where consistent messages are given with regards to learning from serious case reviews and complying with all aspects of the Quality Improvement Framework. A total of 58 practices have now been visited with increasing numbers of repeat visits when requested for specific areas of support which has included preparation for impending CQC inspections. Records of visits made are documented and stored in a central database accessible to all members of the CCG Safeguarding Children Team.

Ad hoc advice and support is also offered to GPs and their practice staff by all members of the Safeguarding Children Team which includes the Designated Nurse and Designated Doctor.

GP involvement with Brent LSCB audit processes - The Named Nurse Primary Care sits on the monthly multi-agency Brent Family Front Door audit group.

The Named Nurse has also facilitated GP contributions to the LSCB Multi-agency audit programme in the following areas:

- Child sexual exploitation
- Children missing education
- Female genital mutilation

A common theme identified from these audits has shown a lack of communication with Brent GPs from Children's Social Workers in the Local Authority.

Audit of GP contribution of child protection reports for case conferences - The Named Nurse has been closely monitoring the communication arrangements surrounding Brent GPs' engagement with child protection case conferences.

Despite most Brent GPs now having a generic e-mail address, (one practice remains outstanding) the numbers of Brent GP practices receiving the invitation to attend /submit a report remain poor:

- June/July 2015 an average of 45%
- September 2015 an average of 58%
- February 2016 an average of 42%

Likewise the contribution of GP reports for case conferences remains low:

- September 2015 an average of 57%
- February 2016 an average of 50%

The accuracy of the February 2016 figures for the GP contribution of reports is however unclear as there were a number of discrepancies between the information received from the Local Authority Child Protection Administration Team and that which Brent GPs had self-reported.

Brent CCG safeguarding children team and Brent Local Authority Child Protection Administration Team must improve the information cascade of invitations to multi-agency meetings to GPs, Primary care's submission of reports in quantity, quality and timeliness needs improvement.

Multi Agency Risk Assessment Conference (MARAC) Steering group –

This was set up in response to recommendations from the Brent MARAC self-assessment process in 2014 and is chaired by the Deputy Head of Community Safety, Karina Wane. The Named Nurse attends to represent Brent Primary Care. A previous review of the MARAC undertaken by the Designated Doctor for Safeguarding Children identified gaps in information sharing with Brent GPs. This is an area however was not progressed due to concerns regarding information governance arrangements and resources.

Brent CCG safeguarding children team is to review the linking of GPs and MARAC processes

Private Fostering – children living with adults who are not their birth parents may be subject to a private fostering arrangement. All such arrangements must be referred to the Local Authority so that an assessment can be undertaken to ensure the child is being appropriately safeguarded and that there are no concerns regarding exploitation or trafficking.

Brent GPs guidance on recognising potential private fostering arrangements during the GP registration process was updated and ratified by the LSCB Policies and Procedures subgroup before sharing with all Brent GPs.

15. Safeguarding Children Team in CCG

The Designated Nurse for Safeguarding children left in March 2016 and the Named Nurse for primary care left in May 2016.

There has been a Named GP Safeguarding children vacancy since 2009.

These changes have presented an opportunity to review the needs of the CCG and future staffing structures.

16. ACTION PLAN:

16.1 Keep safeguarding children high on Brent CCG agenda

- This will be a standing item on senior CCG committees throughout the year

16.2 To keep abreast of the large provider London North West Healthcare Trust.

- to increase their participation at the Brent LSCB including the subgroups
- to engage the named professionals further with supervision with the Designated Professionals
- continue quality assurance of the quarterly returns of the Trust
- LNWH Trust need to link with Brent MASE.

16.3 Have oversight of the Section 11 audits and action plans of the health economy

- Hold joint challenge and support meeting for acute Trust's section 11 audit with Harrow LSCB
- Complete Brent CCG section 11 audit

16.4 Brent CCG is reviewing its own recording and monitoring of safeguarding children training to meet the minimum standards required. A training strategy will deliver this work.

16.5 Embed safeguarding children in the new commissioned services including GP networks.

15.6 Specific areas of improvement for GPs:

- Improve submission of GP case conference reports in quantity, quality and timeliness
- To link GPs and MARAC processes
- Baseline staff numbers of primary care staff levels to be established by the CCG to enable percentages to be calculated and training needs identified and gaps met.

16.7 Implement CP-IS across health providers in Brent.

16.8 Review safeguarding children team in Brent CCG.

16.9 Service user views should be engaged across safeguarding children:

- Case conference reports should be shared with parents and children
- User views should be sought when new services are commissioned.

16.10 Complete action plans of Baker Tilly Audit and NHS E Deep dive.

16.11 Brent CCG should highlight their areas of good practice:

- The Brent CCG and LSCB continue to promote their African Well Woman Clinic at LNWH Trust as an area of excellence.